



State of Alabama

DEPARTMENT OF PUBLIC HEALTH

State Office Building
Montgomery, Alabama 36130



IRA L. MYERS, M.D.
STATE HEALTH OFFICER

January 21, 1982

Mr. C. R. Bent
Staff Environmental Engineer
Environmental Control Department
Reynolds Aluminum
Reynolds Metal Company
Richmond, Virginia 23261

ALD 000 652693

Dear Mr. Bent:

This is in response to your letter of January 8, 1982, regarding Reynolds River Road Plant (ALD020010195). Since the waste generated by the plant is no longer a listed waste, and assuming it passes all of the characteristics criteria for a hazardous waste, the state has no objections to granting your request to modify your notification and Part A to reflect current practices at the facility. We will notify EPA of our intent by copy of this letter.

You should be aware that if the material is relisted at a later date, then the facility would be subject to the applicable regulations.

Should you have questions, please feel free to contact this office.

Sincerely,

B. S. Cox, Jr.
Bernard E. Cox, Jr., Chief
Industrial and Hazardous Waste Section
Division of Solid and Hazardous Waste
Environmental Health Administration

BEC:rc

cc: James Scarbrough/ enclosure ✓

* Remove TSD
Remove waste codes
Change status to
non handler

(000002)

COR

AL 000 652693



REYNOLDS ALUMINUM

REYNOLDS METALS COMPANY • RICHMOND, VIRGINIA 23261

1982 January 08



CERTIFIED MAIL RETURN RECEIPT REQUESTED

Mr. Bernard E. Cox, Jr., Chief
Hazardous and Industrial Waste Section
Division of Solid & Hazardous Waste
Environmental Health Administration
State Office Building
Montgomery, Alabama 36130

Re: Reynolds Metals Company
River Road Plant
Hazardous Waste Activities

Dear Mr. Cox:

In response to your letter of 1981 December 04, please be advised that our Notification Form and our Part A Permit Application for our River Road Plant were completed and submitted based on EPA's then current regulations which listed emission control dust sludge from ferromanganese production (K092) as a hazardous waste. Subsequently, regulatory changes by EPA eliminated this waste from its list of listed hazardous wastes. Therefore, there is no need for a Hazardous Waste Permit for our River Road Plant and we wish to rescind our previous Notification Form and Part A Permit Application.

If I can be of further assistance please do not hesitate to contact me at 804/281-2918.

Sincerely,

C. R. Bent
Staff Environmental Engineer
Environmental Control Department

/ct

000001

COR

AL 000652693



REYNOLDS ALUMINUM

REYNOLDS METALS COMPANY • RICHMOND, VIRGINIA 23261

*This has already
been withdrawn
File with
Notification*

March 3, 1983

CERTIFIED MAIL - RETURN
RECEIPT REQUESTED

U. S. Environmental Protection Agency
Region IV
Solid Waste Section
345 Courtland Street, N. E.
Atlanta, Georgia 30365

MAR 11 1983

EPA/REGION IV
ATLANTA, GA.

Re: Subsequent Notification Form
River Road Plant
Sheffield, Alabama
EPA ID: ALD000652693

Dear Sir:

Reynolds Metals Company has reviewed the hazardous waste management regulations and amendments, promulgated by the U. S. Environmental Protection Agency (hereafter the "Agency") pursuant to the Resource Conservation and Recovery Act. Our continuing review activities have led Reynolds to the conclusion that our River Road Plant is not, at this time, a generator of hazardous wastes. Neither are we currently involved in the storage, treatment, transportation or disposal of hazardous wastes.

Please find enclosed an amended notification form which supersedes all previously submitted notification forms. Reynolds hereby requests that the Agency update its lists, computer records, etc. of hazardous waste management facilities to reflect the information contained in the revised notification. It is, however, our desire to retain our previously issued U. S. Environmental Protection Agency Identification Number. Therefore, the attached notification form does not list any type of hazardous waste activity or any description of hazardous waste pursuant to Items VI and IX.

If you have any questions or need additional clarification, please feel free to contact me at (804) 281-2918.

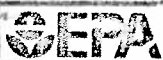
Sincerely,

C. R. Bent
Staff Environmental Engineer
Environmental Control Department

CRB/ych
cc: Alabama Division of Solid Waste & Vector Control

COR

AL 000652693

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

R I V E R R O A D P L A N T

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O B O X 1 4 0 0

CITY OR TOWN

4 S H E E F F I E L D

ST.

ZIP CODE

A L 3 5 6 6 0

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 R I V E R R O A D

CITY OR TOWN

6 M U S C L E S H O A L S

ST.

ZIP CODE

A L 3 5 6 6 0

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 B E N T , C H A R L E S E N V . E N G I N E E R

PHONE NO. (area code & no.)

8 0 4 2 8 1 2 9 1 8

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 R E Y N O L D S M E T A L S C O M P A N Y

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only -- enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)













C. INSTALLATION'S EPA I.D. NO.

A L D 0 0 0 6 5 2 6 9 3

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

	1		2		3		4		5		6	
												
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	
	7		8		9		10		11		12	
												
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	

[illegible]

	31		32		33		34		35		36	
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	
	37		38		39		40		41		42	
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	
	43		44		45		46		47		48	
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	

	49		50		51		52		53		54	
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	

☐ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

W.D. Pipes

W. D. Pipes
Plant Manager

14 JAN. 1983



REYNOLDS ALUMINUM

REYNOLDS METALS COMPANY • RICHMOND, VIRGINIA 23261

March 3, 1983

CERTIFIED MAIL - RETURN
RECEIPT REQUESTED

Division of Solid Waste and Vector Control
Department of Public Health
State Office Building
Montgomery, Alabama 36130

Re: Subsequent Notification Form
River Road Plant
Sheffield, Alabama
EPA ID: ALD000652693

Dear Sir:

Reynolds Metals Company has reviewed the hazardous waste management regulations and amendments, promulgated by Alabama's Division of Solid Waste and Vector Control. These continuing review activities have led Reynolds to the conclusion that our River Road Plant is not, at this time, a generator of hazardous wastes. Neither are we currently involved in the storage, treatment, transportation or disposal of hazardous wastes.

Please find enclosed an amended notification form which supersedes all previously submitted notification forms. Reynolds hereby requests that your Division update its lists, computer records, etc. of hazardous waste management facilities to reflect the information contained in the revised notification. It is, however, our desire to retain our previously issued U. S. Environmental Protection Agency Identification Number. Therefore, the attached notification form does not list any type of hazardous waste activity or any description of hazardous waste pursuant to Items VI and IX.

If you have any questions or need additional clarification, please feel free to contact me at (804) 281-2918.

Sincerely,

C. R. Bent
Staff Environmental Engineer
Environmental Control Department

CRB/ych
cc: U. S. EPA, Region IV

000001
COR

ALD000652693



REYNOLDS ALUMINUM

REYNOLDS METALS COMPANY • RICHMOND, VIRGINIA 23261

CERTIFIED MAIL RETURN RECEIPT REQUESTED

James Scarbrough, Chief
U. S. Environmental Protection Agency
Region IV
Residuals Management Branch
345 Courtland Street, N. E.
Atlanta, Georgia 30365

Re: EPA Notification Form For:
River Road Plant

Dear Sir:

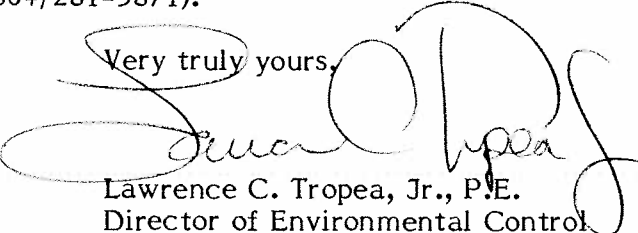
Please find attached an amended Notification Form for Reynolds' River Road Plant which is located within the Region.

Reynolds believes that many provisions of the hazardous waste management regulations are imprecise and discussions with Agency representatives indicate confusion as to the Agency's interpretation of certain provisions of the regulations.

Therefore, submission of this amended notification form by Reynolds Metals Company is not in any way an admission that any of the reported substances are hazardous wastes as defined under the Resource Conservation and Recovery Act (RCRA) or in subsequent promulgations, or that this plant is a storer, treater, or disposer of hazardous waste or that we are the owners or operators of a hazardous waste management facility. Reynolds Metals Company reserves the right to withdraw the attached notification form at any time in the future. Further, due to the imprecise nature of the regulations Reynolds reserves the right to again amend the attached notification form or to list additional substances at any time in the future.

We request that this letter be attached to and made a permanent part of the attached notification. If you have any questions please contact Mr. C. R. Bent (804/281-2918) or myself (804/281-3871).

Very truly yours,


Lawrence C. Tropea, Jr., P.E.
Director of Environmental Control
Environmental Control Department

/ct

Attachments

000002
NOT

AL 000652693

I.D. NO. - FOR OFFICIAL USE ONLY									
W									
									1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
K 0 9 2	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark 'X' in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.23.)

☐ 1. IGNITABLE

☐ 2. CORROSIVE

☒ 3. REACTIVE

☒ 4. TOXIC

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

[Signature]
EPA Form 8700-12 (2-80) REVERSE
BILLING CODE 6560-01-C

OFFICIAL TITLE

Director, Env. Control Dept.

DATE SIGNED

*

*Amendment of Form dated 1980 August 18.

Please print or type with ELITE type 12 characters in the shaded area only.

GSA No. 12345-XX
Form Approved OMB No. 158-R-00XX

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY		INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
INSTALLATION'S EPA I.D. NO.	<div>RECEIVED EPA/REGION IV</div> <div>PLEASE PLACE LABEL IN THIS SPACE</div> <div>ENVIRONMENTAL DIVISION</div>	
I. NAME OF INSTALLATION		
II. INSTALLATION MAILING ADDRESS		
III. LOCATION OF INSTALLATION		

ALD000652693

REYNOLDS METALS CO RIVER ROAD PLANT
RIVER ROAD
MUSCLE SHOALS

AL 35660

AGENTS
DATE RECEIVED (mo., day, & yr.)
8 8 8 8 1 8

I. NAME OF INSTALLATION	
Reynolds Metals Company RIVER ROAD PLANT	
II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
3 P.O. Box 1609	
CITY OR TOWN	
4 Florence	
ST. ZIP CODE	
Al 35631	
III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
5 River Road	
CITY OR TOWN	
6 Muscle Shoals	
ST. ZIP CODE	
AL 35660	
IV. INSTALLATION CONTACT	
NAME AND TITLE (last, first, & job title)	
2 Bent, Charles Env. Engr.	
PHONE NO. (area code & no.)	
804 281-2918	
V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
7 Reynolds Metals Company	
B. TYPE OF OWNERSHIP (Enter the appropriate letter into box)	
F = FEDERAL M = NON-FEDERAL	
VI. TYPE OF HAZARDOUS WASTE ACTIVITY	
57 <input type="checkbox"/> A. GENERATION 58 <input type="checkbox"/> B. TRANSPORTATION (complete item VII)	
59 <input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE 60 <input type="checkbox"/> D. UNDERGROUND INJECTION	
VII. MODE OF TRANSPORTATION (transporters only)	
61 <input type="checkbox"/> A. AIR 62 <input type="checkbox"/> B. RAIL 63 <input type="checkbox"/> C. HIGHWAY 64 <input type="checkbox"/> D. WATER 65 <input type="checkbox"/> E. OTHER (specify)	
VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. number in the space provided below.	
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	
IX. DESCRIPTION OF HAZARDOUS WASTES	
Please go to the reverse of this form and provide the requested information.	

NOT

C. INSTALLATION'S EPA I.D. NO.

AL 000652693

I.D. NO. - FOR OFFICIAL USE ONLY											
S											
W	A	L	T	E	C					S	1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1		2		3		4		5		6	
23	- 26	23	- 26	23	- 26	23	- 26	23	- 26	23	- 26
7		8		9		10		11		12	
23	- 26	23	- 26	23	- 26	23	- 26	23	- 26	23	- 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13		14		15		16		17		18	
23	26	23	26	23	26	23	26	23	26	23	26
19		20		21		22		23		24	
23	26	23	26	23	26	23	26	23	26	23	26
25		26		27		28		29		30	
23	26	23	26	23	26	23	26	23	26	23	26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
33 - 26	33 - 26	33 - 26	33 - 26	33 - 26	33 - 26
37	38	39	40	41	42
33 - 26	33 - 26	33 - 26	33 - 26	33 - 26	33 - 26
43	44	45	46	47	48
33 - 26	33 - 26	33 - 26	33 - 26	33 - 26	33 - 26

0. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

[illegible]

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark 'X' in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.23.)

☐ 1. IGNITABLE

☐ 2. CORROSIVE

☒ 3. REACTIVE

☒ 4. TOXIC

X CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE Robert F. Testin

OFFICIAL TITLE	
----------------	--

San Myr Technology, Recyclng & Reclamation Div

DATE SIGNED

1780 Aug 18

FORM 3 RCRA	EPA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER F A L T 0 2 0 0 1 0 1 9 5 3 1
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)
YR. MO. DAY 8 0 6 3 0	YR. MO. DAY 73 74 75 76 77 78

B. REVISED APPLICATION (place an "X" below and complete Item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
---	--

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D22	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	D 8 3	815,000	Y	7			
2				8			
3				9			
				10			

000003

NOT

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

3	F	A	L	T	0	2	0	0	1	0	1	9	5	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

3	4	4	7	0	3	7
59	66	87	68	59	-	21

LONGITUDE (degrees, minutes, & seconds)

0	8	7	3	6	0	0	0
72	-	74	25	26	27	-	28

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3	E	12	15	55	56	-	58	59	-	61	62	-	65
---	---	----	----	----	----	---	----	----	---	----	----	---	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

3	F	19	16	49	15	16	40	41	42	47	-	51
---	---	----	----	----	----	----	----	----	----	----	---	----

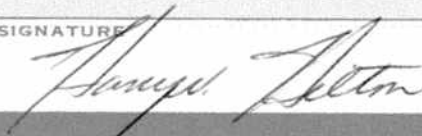
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Harry V. Helton

B. SIGNATURE



C. DATE SIGNED

1980-11-17

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

000002
NOT

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY									
W A L T 0 2 0 0 1 0 1 9 5 3 1													W 1 2 D U P 1 2 D U P									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																						
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																		
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
1	23 - 26	27	35	36	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29
1	K 0 9 2	30,400*	T		D 8 3																	
2																						
3																						
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22																						
23																						
24																						
25																						
26																						

RELEASABLE

(NAME)

81707

(DATE)

RELEASABLE

(NAME)

(DATE)

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F A L T 0 2 0 0 1 0 1 9 5	
II. POLLUTANT CHARACTERISTICS		III. NAME OF FACILITY		IV. FACILITY CONTACT	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		C. STATE	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		D. ZIP CODE	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		F. COUNTY CODE (if known)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
V. FACILITY MAILING ADDRESS		VI. FACILITY LOCATION			
A. STREET OR P.O. BOX		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
B. CITY OR TOWN		B. COUNTY NAME			
C. STATE		C. CITY OR TOWN			
D. ZIP CODE		D. STATE			
		E. ZIP CODE			
		F. COUNTY CODE			

REYNOLDS METALS CO., RIVER ROAD PLANT

DOWNIE, R. FACILITIES MANAGER

P. O. BOX 1609

FLORENCE

RIVER ROAD

COLBERT

MUSCLE SHOALS

000004

NOT

0000

AL 000 65 26 93

VIII. OPERATOR INFORMATION

X. EXISTING ENVIRONMENTAL PERMITS

XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

RELEASABLE

Page 2 (NAME)
8/7/07 (DATE)

XIII. CERTIFICATION (see instructions)

COMMENTS FOR OFFICIAL USE ONLY

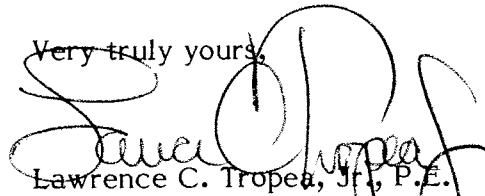
PA Form 3510-1 (6-80)

EPA Region II
Page -2-
1980 November 18

Testing Reynolds has carried out at the River Road Plant, using the EPA Extraction Procedure Toxicity Test Method, has shown that the plantsite wastes do not exhibit the characteristic of EP Toxicity. The attached permit application is therefore being filed solely because of EPA's listing of "emission control dust or sludge from ferromanganese production" as a hazardous waste. Reynolds intends to petition the Agency to delist this waste for the River Road Plant. Further, it is Reynolds' understanding that certain other parties may petition and/or challenge the listing of this material as a hazardous waste. Reynolds, therefore, reserves the right to rescind, without prejudice, the attached permit application based on the results of the delisting effort and/or any petitions or legal challenges filed by other parties.

Reynolds hereby requests that this letter be made an official part of the record on Reynolds' solid waste management activities in the Region. If you have any questions, please feel free to contact Mr. C. R. Bent (804/281-2918) or myself (804/281-3871).

Very truly yours,



Lawrence C. Tropea, Jr., P.E.
Director of Environmental Control
Environmental Control Department

LCT/ja

CC: State of Alabama

000001

COR

AL 000652693



REYNOLDS ALUMINUM

REYNOLDS METALS COMPANY • RICHMOND, VIRGINIA 23261

1980 November 18

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

EPA Region IV
RCRA Activities
345 Courtland, N.E.
Atlanta, Georgia 30308

RE: Reynolds Metals Company
RCRA Hazardous Waste
Permit Applications

Gentlemen:

In accordance with the requirements of the 1980 May 19 hazardous waste management regulations, adopted pursuant to the Resource Conservation and Recovery Act (RCRA), please find attached a hazardous waste permit application for the following Reynolds Metals Company facility located in the Region:

River Road Plant

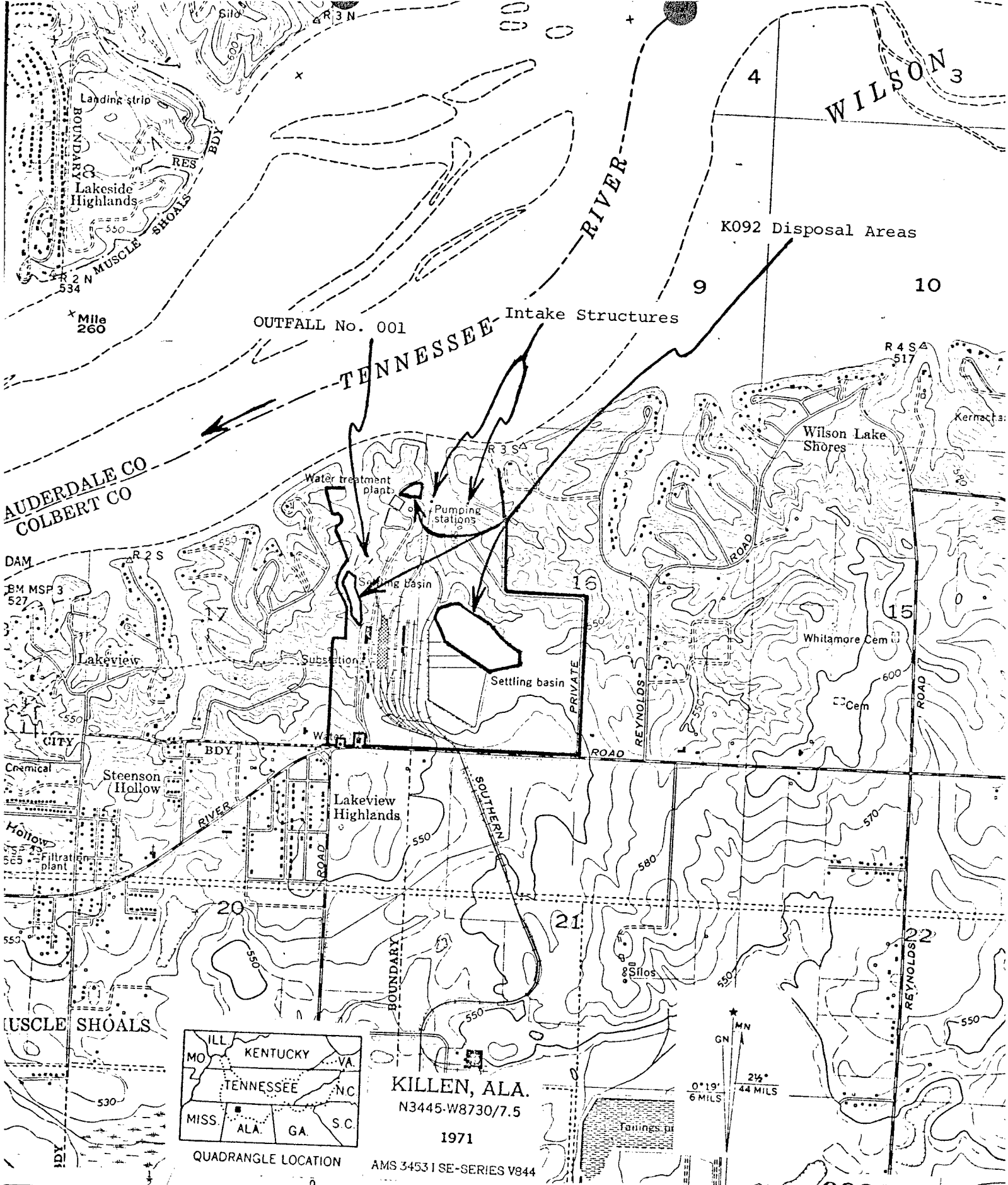
Reynolds believes that many of the provisions of the hazardous waste management regulations are unclear and imprecise and discussions with Agency representatives indicate confusion as to the Agency's interpretation of many provisions of the regulations. The uncertain nature of these regulations is evidenced by the fact that EPA is currently in the process of issuing amendments, interpretations, etc. Reynolds, therefore, reserves the rights to amend this permit application at any time in the future. Further, Reynolds reserves the rights to file permit applications for other activities, without prejudice or the loss of interim status, should further study and/or future EPA amendments, interpretations, etc. clarify or alter the applicable requirements in a manner which would require such action.

-
- A The submission of this permit application is not in anyway an admission on the part of Reynolds Metals Company that any of the reported substances are hazardous wastes, as defined under RCRA, or in subsequent promulgations, or that the referenced facility is a storer, treater, or disposer of hazardous wastes or is the owner or operator of a hazardous waste management facility.

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AL 000652693



AUDERDALE CO
COLBERT CO

WILSON

K092 Disposal Areas

OUTFALL No. 001

Intake Structures

Water treatment plant

Pumping stations

Settling basin

Settling basin

Wilson Lake Shores

Whitmore Cem

Cem

Substation

Water

Lakeview Highlands

Steenson Hollow

CITY

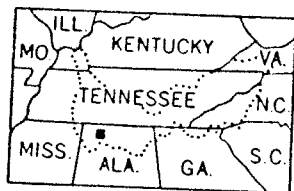
Lakeview

BM MSP 3
527

DAM

AUDERDALE CO
COLBERT CO

MUSCLE SHOALS

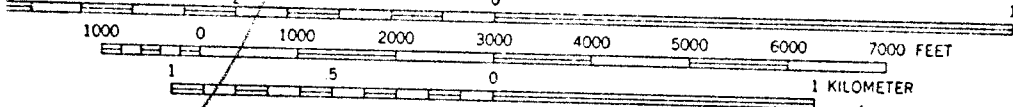


KILLEN, ALA.
N3445-W8730/7.5

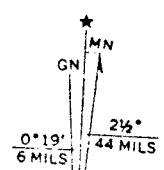
1971

AMS 34531 SE-SERIES V844

QUADRANGLE LOCATION



CONTOUR INTERVAL 10 FEET
DASHED LINES REPRESENT HALF-INTERVAL CONTOURS
DATUM IS MEAN SEA LEVEL



1 MILE IS

000003

REYNOLDS METALS COMPANY

River Road Plant

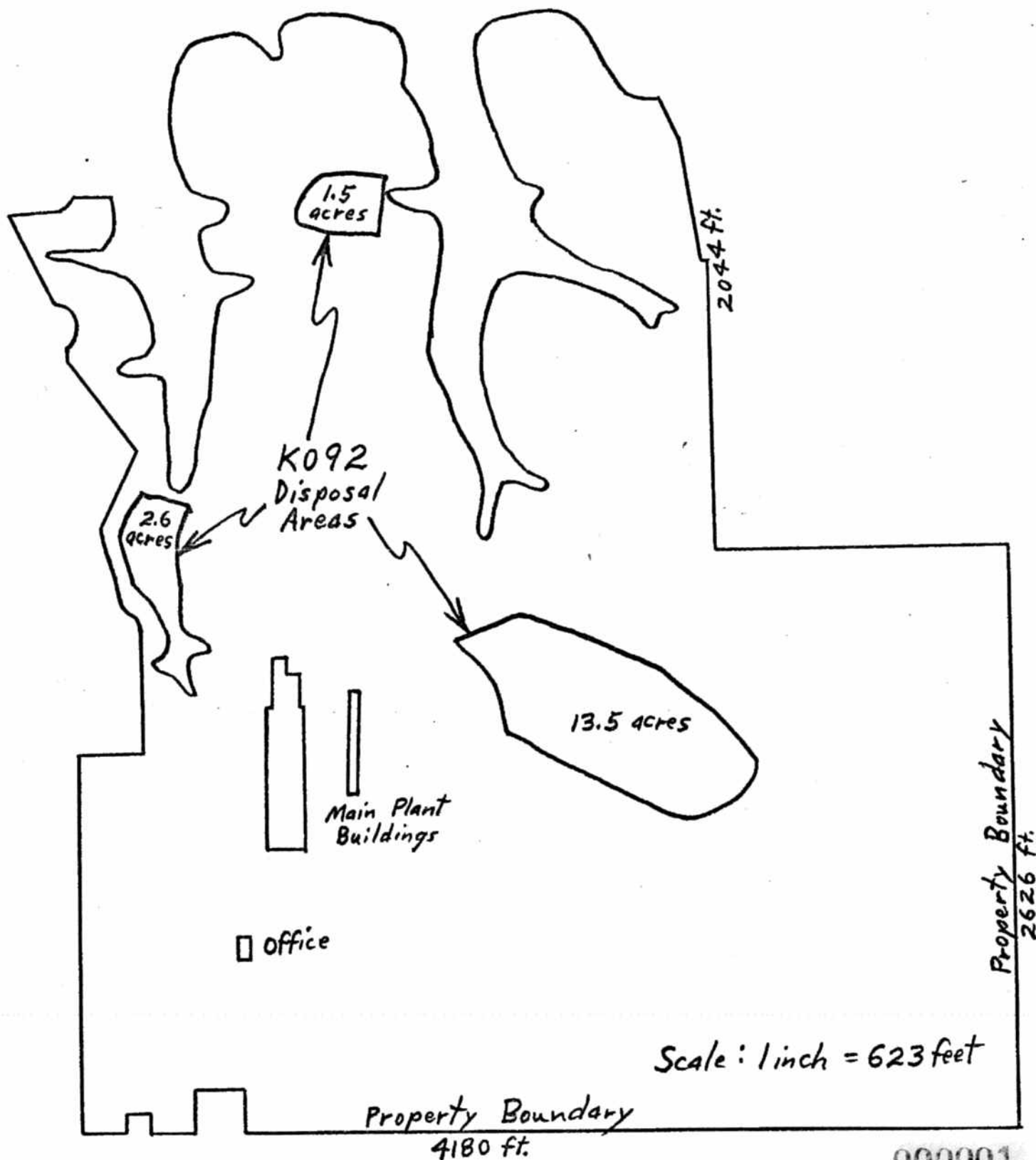
EPA I.D. No. AL020010195

Form I, Item XI

AL 000 65 26 93

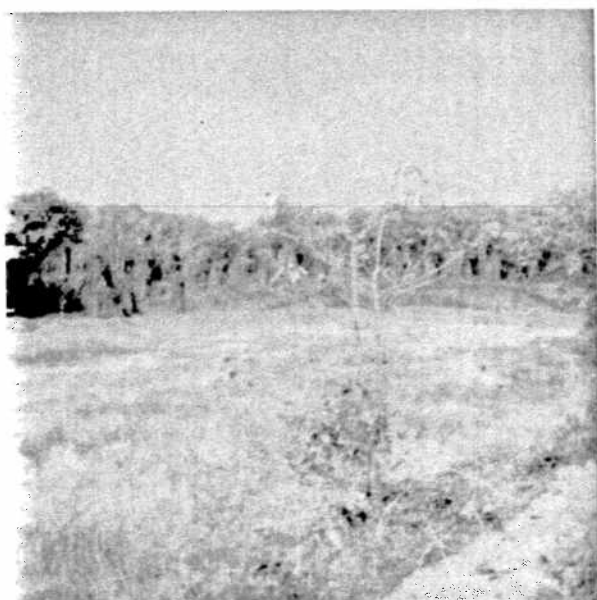
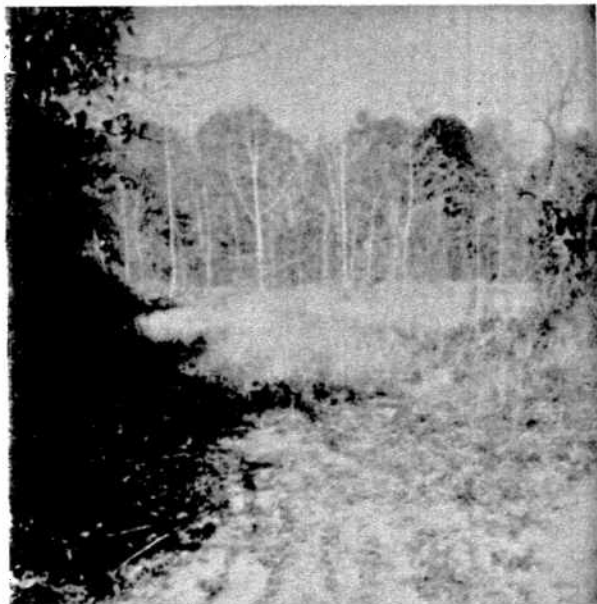
V. FACILITY DRAWING (see page 4)

EPA I.D. No. ALT020010195
Form 3, Item V.



000001

COR



Form 3, Item VI
Reynolds Metals Company
River Road Plant
EPA I. D. No. ALT020010195
K092 Disposal Area
November 12, 1980

17058000071

POLAROID

Form 3, Item VI
Reynolds Metals Company
River Road Plant
EPA I. D. No. ALT020010195
K092 Disposal Area
November 12, 1980

17058000071

POLAROID

Form 3, Item VI
Reynolds Metals Company
River Road Plant
EPA I. D. No. ALT020010195
K092 Disposal Area
November 12, 1980

17058000071

POLAROID

FORM 1 GENERAL	 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F A L T 0 2 0 0 1 0 1 9 5 </div>
II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS: If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
<div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p style="font-size: 24px; margin: 0;">PLEASE PLACE LABEL IN THIS SPACE</p> </div>		
III. NAME OF FACILITY		
IV. FACILITY CONTACT		

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		*	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

1	SKIP	REYNOLDS METALS CO., RIVER ROAD PLANT
---	------	---------------------------------------

2	DOWNIE, R. FACILITIES MANAGER	205	381	5441
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V. FACILITY MAILING ADDRESS				
A. STREET OR P.O. BOX				
3	P. O. BOX 1609			
B. CITY OR TOWN				
4	FLORENCE		C. STATE	D. ZIP CODE
			AL	35631

VI. FACILITY LOCATION				
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				
5	RIVER ROAD			
B. COUNTY NAME				
6	COLBERT			
C. CITY OR TOWN				
6	MUSCLE SHOALS		D. STATE	E. ZIP CODE
			AL	35660
F. COUNTY CODE (if known)				

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	3	1	7			
(specify) Ferroalloys				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?					
REYNOLDS METALS CO., ATTN: L. C. TROPEA												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)					
F - FEDERAL		M - PUBLIC (other than federal or state)		P - PRIVATE		O - OTHER (specify)		(specify)		A		804		281		3871	
E. STREET OR P.O. BOX																	
6601 WEST BROAD STREET																	
F. CITY OR TOWN												G. STATE		H. ZIP CODE		IX. INDIAN LAND	
RICHMOND												VA		23261		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
9 N A L 0 0 0 0 0 2 7												9 P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
9 U												(specify)											
C. RCRA (Hazardous Waste)												E. OTHER (specify)											
9 R												(specify)											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Plant has been used for ferroalloys manufacturing by the electric arc furnace process.

701-0009-2001
 " 2002
 " 2003
 " 2004
 " 2007

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Harry V. Helton, Vice President Corporate Operations Services				1980 Nov. 17	

COMMENTS FOR OFFICIAL USE ONLY

AL 000 65 26 93											
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FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER F A L T 0 2 0 0 1 0 1 9 5 3																																																																																																													
FOR OFFICIAL USE ONLY																																																																																																																	
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)		COMMENTS																																																																																																													
23		24 - 29																																																																																																															
II. FIRST OR REVISED APPLICATION																																																																																																																	
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																																																																	
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)																																																																																																																	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)																																																																																																																	
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																																																																	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)																																																																																																																	
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN																																																																																																																	
B. REVISED APPLICATION (place an "X" below and complete Item I above)																																																																																																																	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS																																																																																																																	
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																																																																																																																	
III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																																																																	
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																																																																	
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																																																																	
1. AMOUNT - Enter the amount.																																																																																																																	
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																																																																	
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EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																																																	
S C T/A C 1																																																																																																																	
1 2 13 14 15 26 27 28 29 30 31 32																																																																																																																	
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4 10																																																																																																																	

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS. P
TONS. T

METRIC UNIT OF MEASURE CODE
KILOGRAMS. K
METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	000000
X-4	D 0 0 2				included with above

EPA Form 3510-3 (6-80)

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F A L T 0 2 0 0 1 0 1 9 5 3 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

3 4 4 7 0 3 7

LONGITUDE (degrees, minutes, & seconds)

0 8 7 3 6 0 0 0

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no)

E

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F G

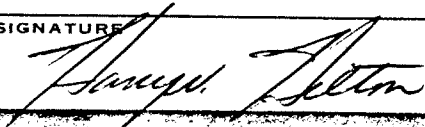
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Harry V. Helton

B. SIGNATURE



C. DATE SIGNED

1980-11-17

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

0000000000

[illegible]

4000005

COR

AL 000 652693

Part A, Permit Process --- Internal Checklist

ID Number ALT 020 010 195 Inst Name REYNOLDS METALS RIVER ROAD

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm/g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>rnt</u>	___	___
3	Form 1 received?	<u>rnt</u>	___	___
1	Form 3 received?	<u>rnt</u>	___	___
1 & 3	Postmarked on or before November 19, 1980?	<u>rnt</u>	___	___
3	Date of operation entered?	<u>rnt</u>	___	___
3	Date of operation on or before November 19, 1980?	<u>rnt</u>	___	___
Notif. record	Notifier?	<u>rnt</u>	___	___
"	Notified on or before August 18, 1980?	<u>rnt</u>	___	___
1	Form 1, XIII B signed?	<u>rnt</u>	___	___
3	Form 3, IX B Signed?	<u>rnt</u>	___	___

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

12/19/80

PHASE TWO

- 1 Unsure if regulated or non-regulated? ___
- 3 New facility? ___
- 1 & 3 Core items missing? If Yes, indicate which items:
 Facility name___; location___; mail address___; operator info___;
 certification___; process info___; waste info___; owner___; sigs___.

PHASE THREE

- 1 & 3 Non-core items missing? If Yes, indicate which items:
 Maps___; photos___; drawings___; lat/long___.
 Other observations and comments:

Log out/Log in
on reverse side.

000000

RECEIVED
EPA/REGION 4
NOV 19 1980

0275

Received Date Stamp

COR

AL 000652693

(Stamp from...)

ID # ALD 000 652 693FACILITY NAME Reynolds Metals

F7 SIC _____ NEW SIC _____

F9 Type Permit number Type New permit number Map indicator _____

Nature of business _____

FC Comment # _____ Comment _____

C1	Process code	Amount	Unit	New code	New Amount	New Unit
	<u>D83</u>	_____	_____	<u>\$</u>	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

W1	Waste seq #	Waste Code	Waste Amount	Unit	New Waste	New Amount	New Unit
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

W2	Waste Seq #	Waste Code	Process	Change Process
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

000001

COR

AL 000 652 693

RCRA MAINTENANCE FORM

ID # AL0000652693 FACILITY NAME Reynolds Metals

F1 Notif. approval
Date notified _____
Permit app. approved _____
Date Part A rec'd _____
* Facility name _____
Notif. confidential _____
Part A confidential _____
Closure date _____

F2 Contact name & title _____
Contact telephone # _____
Modif. under const. _____
Commercial fac. indic. _____
Non-reg. fac. indic. _____

F3 Mailing address _____

F4 Mailing city _____ State _____ Zip _____

F5 * Facility address _____
* County name _____

F6 * Facility city _____ State _____ Zip _____
* County code _____

Drawings _____ Photos _____ District code _____
River basin code _____ Latitude _____ Longitude _____

F7 SIC _____ NEW SIC _____

F8 Facility operator name _____ Owner type _____
Activity codes: Gen _____ Trans _____ TSD _____ UIC _____
Transport mode: Air _____ Rail _____ Hwy _____ Water _____ Other _____
Owner/op. ind. _____ Facility status _____ RCRA permit status _____
Existence date _____

F9	Type	Permit number	Type	New permit number

(over)

* This data can only be entered through the FINDS system. *

00000 COR

AL 000 652693

F0 Date acknowledgement sent: Notification _____
Int. status _____ Int. status 2 _____

FA Operator tele. # _____ Street _____

FB City _____ State _____ Zip _____ Indian land _____

FC Comment # _____ Comment _____

FE Facility owner _____ Tele.# _____

FF Owner street _____

FG Owner city _____ State _____ Zip _____

Cl	Process code	Amount	Unit	New code	New Amount	New Unit
	<u>D83</u>	_____	_____	<u>A</u>	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

W1	Waste seq #	Waste Code	Waste Amount	Unit	New Waste	New Amount	New Unit
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

W2	Waste Seq #	Waste Code	Process	Change Process
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

RELEASABLE

Raymond (NAME)
8/7/07 (DATE)

RELEASABLE

ATTACHMENT A

REYNOLDS METALS COMPANY
River Road Plant
ALT 020010195

Form 1, Item X.

Existing Environmental Permits (continued)

Alabama Air Pollution Control Commission

Permits to Operate No.'s: 701-0009-Z001
701-0009-Z002
701-0009-Z003
701-0009-Z004
701-0009-Z007

00000

COR

AL 000-652693